

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	1801316	FILING DATE			
						APPLICANT(S)					
						CLAIMS					
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	DEP	IND	DEP	IND	DEP
	IND	DEP	IND	DEP	IND						
1	/					51					
2	/					52					
3	/					53					
4	/					54					
5	/					55					
6	/					56					
7	/					57					
8	/					58					
9	/					59					
10	/					60					
11	/					61					
12	/					62					
13	/					63					
14	/					64					
15						65					
16						66					
17						67					
18						68					
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28						78					
29						79					
30						80					
31						81					
32						82					
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36	/					86					
37	/					87					
38	/					88					
39						89					
40						90					
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.	2					TOTAL IND.					
TOTAL DEP.	14					TOTAL DEP.					
TOTAL CLAIMS	16					TOTAL CLAIMS					